Suicide Prevention and Intervention

722.1 PURPOSE AND SCOPE

This policy establishes the suicide prevention and intervention to identify, monitor and, when necessary, provide for emergency response and treatment of inmates who present a suicide risk while incarcerated at the office detention facilities.

This policy is intended to reduce the risk of self-inflicted injury or death by providing tools to the staff that will allow a timely and organized emergency response to suicide, suicide attempts or an inmate's unspoken indication that suicide is being considered. The three key components of this plan are evaluation, training and screening with intervention.

722.2 POLICY

It is the policy of this office to minimize the incidence of suicide by establishing and maintaining a comprehensive suicide prevention and intervention program designed to identify inmates who are at risk of suicide and to intervene appropriately whenever possible. The program shall be developed and approved by the local public health entity and reviewed annually by the Chief Deputy of Corrections or designee. A copy of this policy shall be maintained in each unit of the facility where it can be easily accessed by all staff members.

722.3 SUICIDE PREVENTION TEAM

The Chief Deputy of Corrections in cooperation with the contract medical provider shall establish a suicide prevention team. The team will evaluate and approve the suicide prevention and intervention program annually. The suicide prevention team should consist of qualified health care professionals and the Chief Deputy of Corrections or the authorized designee. The yearly evaluation will include a review of all current policies to ensure they are relevant, realistic, and consistent with the mission of the program. The program and policies will be updated as needed.

The suicide prevention team shall also ensure that the facility is evaluated annually to identify any physical plant characteristics or operational procedures that might be modified to reduce the risk of inmate suicide. This should be accomplished by conducting a review of suicides and suicide attempts, physical inspection, review of various facility inspection reports, and by participating in inmate/management team meetings. If physical modifications are recommended, the team shall ensure the Chief Deputy of Corrections is promptly notified.

It shall also be the responsibility of the suicide prevention team to coordinate with the program's Lieutenant to ensure that suicide prevention training is provided in compliance with all applicable statutes and standards.

722.4 STAFF TRAINING

All facility staff members who are responsible for supervising inmates shall receive initial and annual training on suicide risk identification, prevention and intervention, to include, at minimum:

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- The provisions of this policy.
- Identification of the warning signs and indicators of potential suicide, including training on suicide risk factors.
- Identification of the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors.
- Responding to suicidal and depressed inmates.
- Communication between corrections and health care personnel.
- Using referral procedures.
- Housing observation and suicide watch-level procedures.
- Follow-up monitoring of inmates who attempt suicide.

Recommendations for modification to suicide training should be directed to the Chief Deputy of Corrections, who shall review the recommendations and approve, if appropriate.

722.5 SCREENING AND INTERVENTION

All inmates shall undergo medical and mental health screening during the intake process. A portion of the intake medical screening is devoted to assessing inmates at risk for suicide. Upon an inmate entering the facility, he/she should be assessed by custody staff for the ability to answer medical and mental health screening questions.

Any inmate who appears to be unable to answer the initial medical screening questions shall be examined by a qualified health care professional at a designated hospital and receive medical clearance before acceptance into the jail. Inmates who refuse to answer these questions shall be placed under observation until the screening can be completed or until sufficient information is obtained to allow the staff to make appropriate decisions concerning housing and care.

Staff members shall promptly refer any inmate who is at risk for suicide to classification, health services and mental health services. The inmate shall remain under direct and constant observation in a safe setting until designated staff makes appropriate health care and housing decisions.

722.6 SUICIDE WATCH

Inmates should only be housed on suicide watch with the approval of a qualified health care professional or the Shift Supervisor. If a qualified health care professional is not present in the correctional facility, the Shift Supervisor may make the decision to place an inmate on suicide watch but should notify a qualified health care professional as soon as practicable. Inmates placed on suicide watch shall be closely monitored and housed in a cell that has been designed to be suicide resistant. Prior to housing the inmate, the staff should carefully inspect the cell for objects that may pose a threat to the inmate’s safety.

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Qualified health care professionals are primarily responsible for the treatment of inmates on suicide watch. Corrections deputies and general employees are responsible for the physical safety of the inmates. All staff members should coordinate their efforts to ensure that inmates do not have the means or the opportunity to injure themselves.

An observation log shall be maintained for each inmate on suicide watch. A staff member shall be designated to make a direct visual observation of the inmate twice every 30 minutes at approximately 15-minute intervals. A Shift Supervisor and a qualified health care professional, if available, must observe the inmate at least once every five hours. Each staff member who is required to observe the inmate shall make notations in the observation log documenting the time of observation and a brief description of the inmate’s behavior.

An inmate classified as actively suicidal must be regularly monitored by direct visual observation of a corrections deputy. While monitoring may be supplemented by video monitoring, it may never be a substitute for direct visual monitoring.

The status of suicidal inmates should be readily identifiable in a manner discernible by staff. When standard-issue clothing presents a security or medical risk to the inmate or others, the inmate shall be supplied with a security garment that is designed to promote inmate safety and not cause unnecessary humiliation and degradation. Use of the security garment shall be documented in the inmate’s health record. Suicidal inmates shall not be permitted to retain undergarments or any other item that can be fashioned into an implement for hanging (e.g., plastic bags, shoelaces or sheets). Inmates shall not be permitted to keep personal property while housed on suicide watch and shall not be permitted to possess razors or other sharp objects, such as pencils, items with staples or any other item that may be used to cause a self-inflicted injury. Physical restraints should only be used as a last resort measure. The decision to use or discontinue use of restraints should be made in consultation with qualified health care professionals.

Inmates who are not actively suicidal but who have expressed suicidal thoughts or have a recent history of self-injurious behavior should be observed by staff at irregular intervals, not to exceed every 15 minutes.

722.6.1 INTERVENTION

Any suicide attempt is a medical emergency. Staff should take action to facilitate emergency medical care and preserve and collect evidence as necessary. A qualified health care professional should be summoned immediately any time the staff suspects a suicide attempt is imminent. Staff should take reasonable and appropriate precautions to mitigate the ability of the inmate to injure him/herself and should consider establishing and maintaining a non-threatening conversation with the inmate while awaiting assistance. If a qualified health care professional is not immediately available, the inmate should be placed in an appropriate and safe location until such time as qualified health care professionals is available.

Following a suicide attempt, staff should initiate a medical emergency response and initiate and continue appropriate life-saving measures until relieved by qualified health care professionals. The arriving medical staff should perform the appropriate medical evaluation and intervention. The

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healthcare professional or the authorized designee should be notified in situations when referral and transportation to the emergency room of a local hospital is required.

722.6.2 NOTIFICATION

In the event of an attempted or completed suicide, the Chief Deputy of Corrections should be promptly notified. The Chief Deputy of Corrections should notify the Sheriff.

The location where a suicide or attempted suicide has occurred should be treated as a crime scene after the inmate has been removed from the cell or after emergency medical care is rendered. The area should be secured and access-controlled to preserve evidence until the appropriate investigation can be completed.

All suicides or attempted suicides shall be documented in an incident report. Any injury must be documented in an inmate injury report.

All in-custody deaths, including those resulting from suicide, should be investigated and documented in accordance with the Reporting Inmate Deaths Policy.

722.7 FOLLOW-UP

Qualified health care professionals should evaluate any inmate placed on suicide watch within 24 hours of placement or at the next available physician’s visit, whichever is earliest. After evaluation, qualified health care professionals should make a recommendation whether to keep the inmate on suicide watch. Only a qualified health care professional may remove an inmate from suicide watch.

All changes in inmate status should be reported to the qualified health care professional to ensure the inmate receives appropriate care. The inmate’s health record should be updated to reflect all contacts, treatment and any other relevant information, and the records maintained in accordance with established records retention schedules.

Although the goal of this program is to significantly reduce the risk of in-custody deaths, the ongoing care of suicidal inmates after release must also be considered. Inmates who are at risk for suicide should work with local or area mental health resources and inmate families after release. A corrections deputy should complete the necessary application, documenting the reasons why the inmate is believed to be suicidal. The completed application should accompany the released inmate to the designated facility.

722.7.1 DEBRIEFING

Any suicide attempt or death of an inmate or on-site staff member requires a staff debriefing. Information will be communicated to the oncoming Shift Supervisor and staff to apprise them of the incident and actions taken with regard to the incident. Such debriefing will be appropriately documented and shall be reviewed by the administration, security, and the contract medical provider.

722.8 TRANSPORTATION

Inmates at risk for suicide pose additional challenges during transport and while being held in court holding facilities. The transportation staff should take reasonable steps to closely monitor at-

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risk inmates whenever they are transported or held in any cell that is not designated as a suicide-watch cell. All additional security and monitoring measures implemented by the staff should be documented in the inmate’s record. The transporting corrections deputy should ensure that the suicide threat or other danger is communicated to personnel at the receiving facility.

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